SEP 1 8 1945

HG
8963
.M52
A3

Statistical Bulletin

METROPOLITAN LIFE INSURANCE COMPANY

Volume 26 AUGUST 1945 *Number 8*

Dr. Dublin on Red Cross Mission to France

THE privations of war and the evils of Nazi military occupation have left their stamp on the health of the French people. Particularly serious has been the damage done to the health of the children, among whom malnutrition, tuberculosis, diphtheria, and other diseases have taken a heavy toll. In fact, the problem of child health is so urgent and of such magnitude, that the French Government has called upon the American Red Cross for assistance. This organization has been requested to send a representative to study the situation at first hand and to make recommendations as to the part that the American Red Cross may play in a coordinated plan of relief for the children, in which the French Government as well as other interested agencies would participate.

This humanitarian mission has been entrusted to Dr. Louis I. Dublin, Second Vice-President and Statistician of the Metropolitan Life Insurance Company, and Assistant to the Chairman of the American Red Cross. Dr. Dublin, through long experience in public health activities, is admirably qualified to carry out this important task. As Vice-President in charge of public health relations in the Metropolitan, he has actively participated for many years in every major effort to advance the health of the American people. Only a few months ago he resumed his duties at the Metropolitan after having served a period as full-time assistant to Chairman Basil O'Connor of the American Red Cross. During that time Dr. Dublin, among other administrative duties, helped to reorganize the recruitment of nurses for war service and to plan for expanded health services in the postwar period. It will be recalled that Dr. Dublin also served with the Red Cross during the first World War as member of commissions in Italy and in the Balkans. Dr. Dublin left for Paris by plane on August 23d, and his mission will probably take about six weeks.

Frank A. Fincoln.
President.

DEC
8.5

Age of American Military Leaders

3. The Army

When Nazi Germany unleashed its fateful blitzkrieg in Europe six years ago, the Regular Army of the United States comprised less than 200,000 men under the leadership of about 100 Generals. It was not long thereafter, however, that our country, recognizing the ominous meaning of that move to our own security, began to mobilize its resources and man power. By the time Germany capitulated early in May of this year, our Army, including the Air Forces, numbered well over 8,000,000, and when the surrender of Japan brought the war to a close in mid-August, the total in this service was not very appreciably smaller. The top leadership during the war period had increased to more than 1,500 Generals. The great majority of these men were promoted from lower ranks in the Regular Army, but an appreciable number came also from the Army retired list, the Reserve Corps, the National Guard, and even from civilian life, these latter to serve mainly in professional and technical capacities.

On July 1, 1945, there were 1,539 Generals in our Army, and their average age was 51.4 years. Almost 35 percent of the Generals were under 50 years of age, a slightly higher proportion were concentrated in the age group 50 to 54, while an additional 20 percent were in the age period 55 to 59; 8 percent were 60 to 64, and less than 2 percent were 65 years or over.

The relation between the rank of the Generals and the distribution of their ages is shown in Table 1. As would be expected, the higher the rank the higher the average age. The ages of the five-star Generals of the Army averaged 60.5 years. The youngest of these is Dwight D. Eisenhower, former Supreme Allied Commander in Europe, who is 54. Second youngest is Henry H. Arnold, Commanding General of the Army Air Forces, who is 59 years old. George C. Marshall, Chief of Staff, is 64. The oldest of the five-star Generals is Douglas MacArthur, 65 years of age. General MacArthur was recalled to active duty several months before Pearl Harbor. With the defeat of Japan, he was appointed Supreme Commander for the Allied Powers to receive her surrender. At the lower end of the list of Generals are the Brigadier Generals, who constitute 70 percent of the total number; their average age on July 1st was 50.3 years, or ten years below that for the Generals of the Army and five years below the average for Lieutenant Generals.

The promotion of younger men to positions of high responsibility has been common practice in the Army, particularly in the Air Forces, during the wartime expansion program. An outstanding example of this practice is the case of Richard C. Sanders,

who was appointed Brigadier General last year at the age of 28. Another instance is Brigadier General Clinton D. Vincent, who was 29 when he won his high commission a year ago. Both of these men are in the Army Air Corps. The youngest man of General rank outside of the Air Corps is Brigadier General Frank S. Besson, Jr., of the Army Service Forces, who was 34 at the time of his appointment early in 1945.

The average age of the 322 Generals in the Army Air Corps on July 1st was just short of 47 years, or 4½ years below the average for the Army as a whole. This fact reflects itself in the high proportion of Air Corps Generals at the younger ages. Whereas the Air Forces had one fifth of all the Generals in the Army, they accounted for all five Generals under age 35, for almost three fourths of those in the age period 35 to 39, and for fully one half of those at ages 40 to 44 years. On the other hand, at 50 and over the Generals in the Army Air Corps comprised little more than one eighth of the total at those ages. In view of the exacting physical qualifications required for air service, and the increased emphasis on aerial warfare in the training of younger officers, it is little wonder that even in the top ranks of the Air Corps the accent is on youth.

The American people have every right to be proud of the men in the Army and in the other services who

TABLE 1—AGE DISTRIBUTION OF GENERALS, BY RANK, OF THE ARMY OF THE UNITED STATES, INCLUDING THE AIR FORCES, ON ACTIVE DUTY JULY 1, 1945

AGE GROUP	TOTAL OF GENERAL RANK	GENERALS OF THE ARMY	GENERALS	LIEUTENANT GENERALS	MAJOR GENERALS	BRIGADIER GENERALS
25–29	1	—	—	—	—	1
30–34	4	—	—	—	—	4
35–39	58	—	—	—	7	51
40–44	142	—	—	—	20	122
45–49	326	—	1	9	51	265
50–54	555	1	5	12	158	379
55–59	306	1	4	19	98	184
60–64	118	1	2	7	52	56
65–69	21	1	1	3	10	6
70–74	3	—	—	—	1	2
Unknown	5	—	—	—	—	5
Total number in each rank	1,539	4	13	50	397	1,075
Average age in years	51.4	60.5	56.6	55.3	53.5	50.3

NOTE—This table was compiled from the personnel list made available through the courteous cooperation of the War Department.

led our military forces to victory. It was the daring and physical stamina of youth, together with the experience and the seasoned judgment of the older men, that made up our winning team.

TABLE 2—AGE DISTRIBUTION OF GENERALS, BY RANK, IN THE AIR FORCES OF THE ARMY OF THE UNITED STATES ON ACTIVE DUTY JULY 1, 1945

AGE GROUP	TOTAL OF GENERAL RANK	GENERALS OF THE ARMY	GENERALS	LIEUTENANT GENERALS	MAJOR GENERALS	BRIGADIER GENERALS
25–29	1	—	—	—	—	1
30–34	4	—	—	—	—	4
35–39	42	—	—	—	5	37
40–44	72	—	—	—	10	62
45–49	73	—	—	5	12	56
50–54	100	—	2	4	33	61
55–59	23	1	1	3	8	10
60–64	5	—	—	1	2	2
65–69	1	—	—	—	1	—
Unknown	1	—	—	—	—	1
Total number in each rank	322	1	3	13	71	234
Average age in years	46.9	59	53.3	52.4	49.7	45.6

NOTE—This table was compiled from the personnel list made available through the courteous cooperation of the War Department.

Marriage and Educational Attainment

AMONG young girls, the chances for early marriage decrease with the length of their stay at school. Although this tendency for the chances of marriage to decrease with advance in educational attainment is also found at the older ages, the differences are not as marked as at the younger ages. The essential facts in the situation, as derived from the reports of the census of 1940, are presented in the table on page 5. The data show the proportions of native white females who were or had been married, classified according to their ages and years of school completed.

More than 22 percent of the girls of ages 15 to 19 who had not gone beyond their sixth year of grade school were married at the time of the census. Among those of the same age who had completed only their seventh or eighth years of grade school, about 16 percent were married. These proportions are more than twice those for girls with some high school training and over four times those for college girls.

At ages 20 and over, the tendency

for the proportions married to decrease with educational attainment becomes less pronounced. In fact, there are some slight exceptions to the general tendency. So, for example, up to age 45, those who had a maximum of five or six years of schooling have some little advantage over those of lesser schooling. Likewise, among the women of ages from 20 to 35, the proportions married are a little greater for those who had been through the first three years of high school than for those who had finished only the last two years of grade school.

According to the indications provided by the women 45 to 49 years of age, the chances of eventual marriage are about 95 in 100 for those who had gone only through the first six years of grade school, and 92 in 100 for those who had not gone beyond their seventh or eighth years of grade school. About the same proportion, 92 in 100, was found for women who had finished only their first three years of high school, while for those who had stopped after their fourth year it was 88 in 100. These proportions, in turn, are higher than for women of ages 45 to 49 who had

PERCENT OF NATIVE WHITE WOMEN WHO HAD EVER MARRIED, ACCORDING TO AGE AND EDUCATIONAL ATTAINMENT; UNITED STATES, 1940, ACCORDING TO SIZE OF COMMUNITY

AGE; SIZE OF COMMUNITY	MAXIMUM YEARS OF SCHOOL COMPLETED							
	None	GRADE SCHOOL			HIGH SCHOOL		COLLEGE	
		1–4	5–6	7–8	1–3	4	1–3	4 or more
	Total United States, According to Age							
Age: 15–19	14.0	22.4	22.8	16.2	8.4	10.5	4.5	5.4
20–24	39.9	68.6	71.1	63.6	64.2	44.2	28.4	24.1
25–29	59.6	83.0	86.7	82.7	84.0	72.5	68.7	52.9
30–34	68.3	89.0	91.2	89.2	89.3	81.7	80.0	66.7
35–39	76.4	92.5	93.8	91.6	90.7	85.0	83.6	69.3
40–44	81.6	93.6	94.5	92.3	91.2	86.5	85.1	69.3
45–49	85.0	95.9	94.8	92.4	91.8	87.5	84.2	69.9
	Ages 45–49, According to Size of Community							
Cities of 250,000 and over	85.9	94.9	93.4	89.2	87.1	83.1	77.3	60.7
25,000–250,000	88.5	94.5	94.2	90.9	90.3	86.3	83.3	66.5
2,500–25,000	87.3	95.4	94.5	92.9	92.6	88.3	84.1	73.4
Rural nonfarm	80.2	95.7	95.7	93.6	94.3	90.8	87.8	78.8
Rural farm	86.1	97.2	95.4	95.3	96.0	94.7	90.4	83.2

Source—Computed from data in *Population, Differential Fertility, 1940 and 1910—Women by Number of Children Under 5 Years Old.* U. S. Bureau of the Census, Washington, D. C., 1945, Table 25.

gone on to college; the proportion married among those who had not finished their college career was 84 in 100, but for those who had had four or more years of such schooling it was only 70 in 100. It will be noted that the data for women reporting no school years whatever correspond in many instances with those of high educational attainment; it seems likely that this class reporting no school years completed may include persons who had some schooling, but did not report it.

The pattern of variation in proportions married according to educational attainment, just noted for the country as a whole, is also found to prevail when the data are studied according to size of community. However, in each degree of educational attainment, the proportion married is greater in the rural than in the urban communities. This is particularly marked in the case of women who have had four or more years of college. Here, only 60 percent of those in cities of 250,000 and over had been married, while for those remaining on the farm the proportion was 83 percent. This situation may result from a tendency of women with higher educational attainment who remain single, to migrate to the city in search of opportunity for their qualifications.

Longevity of Industrial Population at Peak as War Ends

EVEN during the three full years our country has been at war, from 1942 through 1944, our industrial population has maintained its longtime record of improvement in longevity. In 1944 the expectation of life of Industrial policyholders of the Metropolitan Life Insurance Company was 64.40 years, about a half year more than in 1943, and one full year more than in 1941, our last year of peace. Apparently, the hardships which large numbers of our civilian population have borne through the war — overcrowded housing, restricted medical facilities, and extended working hours—have not been severe enough to offset the advantages derived from the high standards of living in the prior years of peace. Then, too, a goodly number of families have actually been able to advance their standard of life as a result of widespread full employment.

The figures for expectation of life in the war years 1942 to 1944, as shown in Table 1 on page 7, are based upon the mortality experience of Industrial policyholders, exclusive of military and civilian deaths from enemy action. The figures represent, essentially, the joint experience of those of our industrial population who were retained at the home front as well as those who were called to the war front, deaths from enemy action being excluded.

In this situation, it is gratifying to find that among insured white males at age 20—those entering their prime—the expectation of life in the

war year 1944 was 46.40 years, about one fifth of a year greater than in 1941, when we were still at peace. Thus, notwithstanding the strains of war conditions upon those of our industrial wage-earners who have remained in civil life, and despite the special noncombatant hazards borne by those who have entered the armed forces, the trend of longevity has continued upward. As an indication of what the experience among the civilian population has been, the figures for white females may be cited. Here it is found that the expectation of life at age 20 in 1944 —namely, 51.35 years—was almost three quarters of a year greater than in 1941.

While our colored policyholders still lag behind the white in point of expectation of life, they actually show an advantage in the matter of improvement. It will be seen in Table 2 on page 8 that colored males of age 20 in 1944 had an expectation of life of 43.42 years, and colored females, of the same age, had an expectation of 45.48 years; in each instance the gain since 1941 was 1⅓ years. The greater gain for the colored lives than for the white, even within this short period, is encouraging. Such gains are needed among the colored, since there still is great room for improvement among them. In fact, the present situation among these colored policyholders corresponds, roughly, to that of the white about two decades ago.

The mortality rates for Industrial policyholders in 1944, specific for color, sex, and age, are shown in the right-hand panel of Table 2. In the case of white males, the rates for every age, except 15 to 27 years, were lower in 1944 than in 1941. The higher rates for the excepted ages were most marked at 18 to 25 years; this is very largely due to

TABLE 1—EXPECTATION OF LIFE AT BIRTH. WEEKLY PREMIUM-PAYING BUSINESS. INDUSTRIAL DEPARTMENT, 1879–1889 TO 1944. METROPOLITAN LIFE INSURANCE COMPANY

CALENDAR YEAR	EXPECTATION IN YEARS	CALENDAR YEAR	EXPECTATION IN YEARS	CALENDAR YEAR	EXPECTATION IN YEARS
1944*	64.40	1935	60.25	1926	55.02
1943*	63.86	1934	59.45	1925	55.51
1942*	64.26	1933	59.19	1924	55.62
1941	63.42	1932	58.80	1923	54.55
1940	62.93	1931	57.90	1922	55.04
1939	62.50	1930	57.36	1921	55.08
1938	61.94	1929	55.78	1919–1920	51.14
1937	60.71	1928	55.88	1911–1912	46.63
1936	60.31	1927	56.42	1879–1889	34.00

Gain, 1944 since 1911–1912, 17.77 years; since 1879–1889, 30.40 years.

*Military and civilian deaths from enemy action were excluded from this experience; an allowance was made for deaths that would have occurred normally among those killed.

TABLE 2—EXPECTATION OF LIFE AND MORTALITY RATE PER 1,000 AT SPECIFIED AGE BY COLOR AND SEX.* WEEKLY PREMIUM-PAYING BUSINESS. INDUSTRIAL DEPARTMENT, 1944. METROPOLITAN LIFE INSURANCE COMPANY

AGE	EXPECTATION OF LIFE					MORTALITY RATE PER 1,000				
	TOTAL PERSONS	WHITE		COLORED		TOTAL PERSONS	WHITE		COLORED	
		Males	Females	Males	Females		Males	Females	Males	Females
5	62.84	60.45	65.73	56.82	59.17	1.20	1.32	1.02	1.66	1.49
10	58.11	55.74	60.95	52.22	54.49	.67	.77	.48	1.37	.87
15	53.33	50.97	56.12	47.64	49.81	1.08	1.22	.74	2.02	2.16
20	48.71	46.40	51.35	43.42	45.48	1.96	2.42	1.11	5.48	3.47
25	44.23	42.08	46.66	39.46	41.28	2.38	3.23	1.47	4.89	4.01
30	39.72	37.62	42.02	35.37	37.13	2.57	2.51	1.85	4.89	4.98
35	35.26	33.15	37.42	31.23	33.08	3.21	3.46	2.39	6.00	5.93
40	30.90	28.80	32.90	27.25	29.08	4.78	5.11	3.32	8.67	7.56
45	26.70	24.66	28.50	23.51	25.24	6.89	8.36	4.87	11.76	10.07
50	22.69	20.80	24.26	19.97	21.58	10.12	12.99	7.37	16.48	13.95
55	18.94	17.28	20.23	16.73	18.21	15.13	19.90	11.16	23.38	20.49
60	15.47	14.12	16.45	13.79	15.18	22.29	28.78	17.36	32.97	28.12
65	12.31	11.25	13.02	11.20	12.43	33.65	41.19	28.47	46.77	39.91
70	9.54	8.72	10.06	8.98	10.08	52.41	62.68	47.01	66.66	56.41
75	7.22	6.67	7.61	7.22	8.05	80.71	95.44	73.77	96.06	77.11

*Military and civilian deaths from enemy action were excluded from this experience; an allowance was made for deaths that would have occurred normally among those killed.

accidental deaths among men in the armed services. For white females, the rates in 1944 were lower than those in 1941 for every age shown. Among colored males, ages 7 to 24 years did not share in the general improvement since 1941, the excess in mortality being most pronounced at the military ages from 18 to 22 years. Except for a few ages in childhood, colored females had lower mortality rates in 1944 than in 1941.

The heartening trend toward greater longevity experienced by our Industrial policyholders during the war period points to what we may expect to accomplish still further in time of peace.

Diphtheria Can Be Wiped Out

THE widespread diphtheria epidemics in Europe during the war show that the disease has lost none of its power to strike with devastating force when control measures are relaxed. In 1943 and 1944 alone, Stowman* reports that there were about 2,000,000 cases of diphtheria in Europe, excluding the Soviet Union, and the number of fatalities was probably well in excess of 100,000. The greatest increase was in adults who had never been immunized against diphtheria. At the wartime peak, the prevalence of diphtheria in Europe was compar-

*KNUD STOWMAN, "Diphtheria Rebounds," *Epidemiological Information Bulletin*, U.N.R.R.A. Health Division, Vol. 1, No. 4, February 28, 1945, page 157.

able to that of a generation ago, before immunization against the disease began to be practiced on a wide scale.

All this is in sharp contrast with the situation in our own country, where the fight against diphtheria has been well maintained during the war. Consequently, thanks to preventive immunization, the disease has continued at low levels throughout the war period. In fact, in 1943 the death rate at all ages fell below one per 100,000 for the first time in our history, and at the childhood ages, under 10 years, where the disease is chiefly concentrated, it has fallen below five per 100,000. It is notable that since 1935 alone the death rate from diphtheria has been cut by 70 percent and its reported prevalence by more than 60 percent. The need for eternal vigilance against the disease, however, is seen in the fact that the case prevalence of the disease has shown scarcely any improvement since 1940, and, if present trends for 1945 continue, the number of cases this year will be the highest since 1939.

The complete and early conquest of diphtheria in America is entirely practicable. To achieve this requires extension and intensification of the organized fight against the disease in those areas of the country where most of the cases and deaths are found. For there are still large sections of the United States where diphtheria is far too prevalent. The death rates among children in certain States are more than 25 times as high as in the States where the disease is best controlled. For example, during the four-year period 1940–1943, the 25 States with the highest rates from diphtheria, which contain slightly less than half of the total population, reported 83 percent of the total number of deaths from diphtheria in the country as a whole. The actual number of deaths in this area was nearly five times that in the rest of the country.

The analysis here presented has been made on a State-by-State basis for the mortality from the disease in childhood, since the relative standing of the States in this respect is conditioned by the proportion of children in the population. The latest figures available for this analysis relate to the year 1942, and in order to offset the variations due to small numbers, the average figures for 1940–1942 have been used. Wide variation was found in the size of the diphtheria rates among children of the individual States. At one extreme, the small State of Delaware had no deaths from diphtheria under age 10 during these three years, and Connecticut, with three deaths, had a rate of only 0.4 per 100,000 among children under 10. At the opposite extreme, the diphtheria death rate among children in Arkansas and in South Carolina was 13.7 per 100,000, and Oklahoma with a rate of 13.5 was not much better. For the country as a whole, the rate was 5.3. The following table shows the number of States in various classes according to the size of the diphtheria death rates among children under 10 during 1940 to 1942:

DEATH RATE PER 100,000	NUMBER OF STATES
Less than 1.0	6
1.0—1.9	10
2.0—2.9	7
3.0—3.9	2
4.0—4.9	3
5.0—5.9	2
6.0—6.9	0
7.0—7.9	7
8.0—9.9	6
10.0 and Over	6

Most of the States with the best records for low diphtheria mortality are to be found in the Northeast and Middle West. The States with the poorest records form a solid belt in the southern part of the country extending from Virginia south and as far west as Arizona.

The diphtheria case fatality rates at all ages combined during the period also shows considerable variation over the country. These ranged from 1.3 percent in Delaware and 2.3 percent in the District of Columbia to a maximum of 20.2 percent in New Mexico. As against a national case fatality figure of 8.1 percent, there were nine States (including the District of Columbia) with case fatality rates of less than 5 percent and 12 States with rates of 10 percent or over. To a certain degree, the extremely high case fatality rates recorded in some States indicate deficient reporting of cases. The greater part of the variation in case fatality rates, however, is probably accounted for by differences in the frequency with which cases are treated sufficiently early or with a sufficient amount of antitoxin, if at all. A study by the Statistical Bureau, reported in the STATISTICAL BULLETIN for May 1929, showed that one of these two factors was present in practically all diphtheria fatalities among children insured in the Company for whom the case histories were obtained. Especially frequent was delay in treatment. In the great majority of the cases studied the physician was not called in until the fourth day of the disease or later. Parents are almost invariably responsible for this serious delay, with the result that, in many such cases, antitoxin is used too late or the amount needed, which increases with the time elapsed from onset of the attack, may be underestimated.

Virtually all of this loss of life is unnecessary. The application on a country-wide basis of the simple and safe methods of immunization of susceptible individuals would eradicate the disease from this country. The excellent current record of diphtheria control in many of our States and cities, as well as the extended and large reduction in diphtheria prevalence and mortality over the years, are sufficient evidence that this could be accomplished in the United States in a relatively short time. It is shameful that each year more than 1,000 American children still succumb to diphtheria.

The health workers of the United States cannot be satisfied until diphtheria is wiped out in this country. They must carry on their efforts to have every infant immunized as soon as possible after he is nine months old and to see that the susceptible child population not yet immunized is given that protection.

Comparative Data on the Causes of Death Among Industrial Policyholders

The following table shows the mortality among Industrial policyholders for July 1945, and July 1944, together with the death rates for the first seven months of 1945, 1944, and 1943.

DEATH RATES* PER 100,000 POLICYHOLDERS FROM SELECTED CAUSES
WEEKLY PREMIUM-PAYING INDUSTRIAL BUSINESS
METROPOLITAN LIFE INSURANCE COMPANY

CAUSES OF DEATH	ANNUAL RATE PER 100,000 POLICYHOLDERS*				
	July 1945	July 1944	Year to Date: End of July		
			1945	1944	1943
ALL CAUSES—TOTAL	793.3	738.0	890.9	837.2	810.5
—Excluding war deaths	*706.0*	*692.4*	*767.7*	*804.6*	*799.3*
Typhoid fever	0.3	0.1	0.3	0.2	0.2
Measles	.4	.3	.2	1.2	.8
Scarlet fever	.1	.3	.3	.5	.4
Whooping cough	.7	.6	.8	.5	1.4
Diphtheria	1.2	.2	.8	.6	.7
Influenza	1.6	1.5	3.9	12.9	6.8
Pneumonia (all forms)	20.1	19.4	31.3	41.0	41.4
Tuberculosis (all forms)	35.6	38.3	38.3	42.6	41.5
Tuberculosis of respiratory system	32.2	35.2	34.6	38.7	37.5
Syphilis	7.7	8.8	8.7	9.7	10.0
Cancer (all forms)	108.6	104.6	112.9	108.9	106.8
Diabetes mellitus	24.1	24.3	26.3	29.9	29.3
Cerebral hemorrhage	65.1	59.2	69.3	69.3	68.3
Diseases of the coronary arteries and angina pectoris	60.7	57.3	68.7	65.5	62.7
Other chronic heart diseases†	140.7	145.5	166.2	177.7	180.2
Diarrhea and enteritis	3.2	4.4	3.1	3.6	3.6
Appendicitis	4.8	5.3	4.9	5.4	5.5
Chronic nephritis	38.4	43.9	46.6	49.6	52.8
Puerperal state—total	3.8	4.1	3.6	4.3	4.3
Suicides	5.9	5.9	6.2	6.2	6.5
Homicides	2.8	2.6	3.1	2.8	3.2
Accidents—total	61.2	55.5	55.7	53.9	50.5
Home accidents	6.7	7.5	10.6	11.3	12.4
Occupational accidents	4.7	4.3	5.1	5.6	6.5
Motor vehicle accidents	14.1	10.8	12.9	13.7	11.7
War deaths (enemy action)	87.3	45.6	123.2	32.6	11.2
All other causes of death	119.0	110.4	116.8	118.4	122.5

*The rates for 1945 are subject to slight correction, since they are based on provisional estimates of lives exposed to risk.

†International List (1940) titles 92, 93 (c), (d), (e), and 95.

Correspondence on the subjects discussed in these BULLETINS may be addressed to: The Editor,

STATISTICAL BULLETIN
Metropolitan Life Insurance Company
1 Madison Avenue, New York 10, N. Y.

STATISTICAL BULLETIN
1 Madison Avenue, New York 10, N. Y.
Return Postage Guaranteed

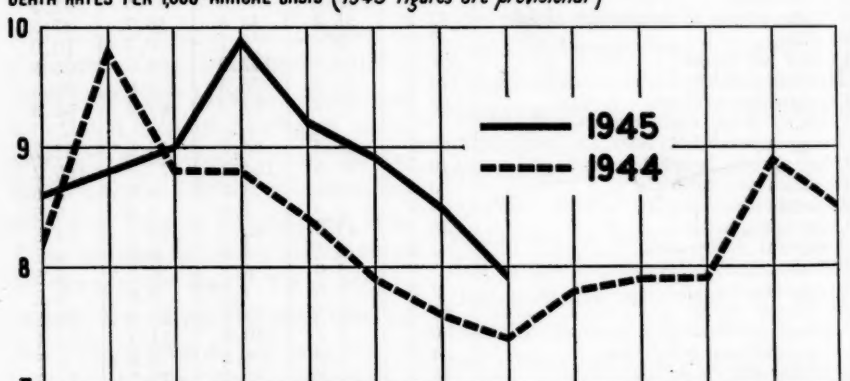
Sec. 562, P. L. & R.
U. S. POSTAGE
PAID
Long Island City 1, N. Y.
Permit No. 7

Library Extension Service
Library
University of Michigan
Ann Arbor, Michigan

MORTALITY FROM ALL CAUSES*

METROPOLITAN LIFE INSURANCE COMPANY.
INDUSTRIAL DEPARTMENT, WEEKLY PREMIUM-PAYING BUSINESS

DEATH RATES PER 1,000 ANNUAL BASIS (*1945 figures are provisional*)



(DEC)	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
1944	9.8	8.8	8.8	8.4	7.9	7.6	7.4	7.8	7.9	7.9	8.9	8.5
1945	8.8	9.0	9.9	9.2	8.9	8.5	7.9					

*Including war deaths

METROPOLITAN LIFE INSURANCE COMPANY PRESS
NEW YORK, U.S.A.
79266